

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4) Summary Sheet

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		FILE N	JMBER		
		4647			
TOTA	L PAG	ES IN EN	TIRE CF	A-4 REI	PORT
		6			

1. Full Name of Committee (as on Statement of Organization)	COMMITTEE INFORMATION	V					
2. Acronym or Abbreviated Name (<i>if any</i>) N/A N/A Nalling Address (<i>address where all campaign finance correspondence is received</i>) One Amer*Lcan Square, Suite 2000, Box 82064 5. City, State, ZIP Code Indianapol1s, IN 46282 CANDIDATE INFORMATION (<i>For Candidate's Committees Only</i>) 7. Fyll Name of Candidate (<i>include any nickname</i>) N/A 9. Office Sought (<i>include district number, if any. Not required for exploratory committee.</i>) 10. County of Residence N/A 11. Check one: Pre-Perimany Pre-Bection Annual Nomination Other Pre-Convention	,						
A. Maling Address (address where all campaign finance correspondence is received) One American Square, Suite 2000, Box 82064 5. City, State, ZIP Code Indianapolis, IN 46282 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) N/A 9. Office Sought (Include district number, if any. Not required for exploratory committee.) N/A TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final Disbands Committee (lines 18, 19, and 20 must be 17) Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: From: 1/01/2009 Through: 12/31/2009 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 10b. Unitemized EXPENDITURES (Note: Thase amounts include in-kind expenditures and ioan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 15a and 15b in both columns SUBTOTAL 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00 21, 132, 00	Hall, Render, Killian, Heath & Lyman, P.S.C., Political Action Committee, LLC						
4. Mailing Address (address where all campaign finance correspondence is received) One Amer1can Square, Suite 2000, Box 82064 5. City, State, ZIP Code Indianapolis, IN 46282 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) N/A 9. Office Sought (Include district number, if any. Not required for exploratory committee.) N/A 10. County of Residence N/A 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final Disbands Committee (lines 18, 19, and 20 must be '07) Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: From: I/01/2009 Through: 12/31/2009 Through: 12/31/2000 Through: 12/31/2009 Through: 12/31/2009 Through: 12/31/2009 Through: 12/31/200 Through: 12/31/	·						
S. City, State, ZIP Code Indianapolis, IN 46282 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) N/A 9. Office Sought (Include district number, if any, Not required for exploratory committee.) N/A 10. County of Residence N/A 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final Disbands Committee (lines 19, 19, and 20 must be 10) Outgoing Treasurer (within 10 days emend Statement of Crayalization) 12. Reporting Period: Contributions of this reporting period. 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments at the beginning of this reporting period. 15. Add lines 15a and 15b in both columns EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule A) EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTOTAL 21, 132, 00	N/A	(317	<u>) 63:</u>	3-3883			
CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) N/A 9. Office Sought (include district number, if any. Not required for exploratory committee.) N/A TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Pre-Pre-Convention Pre-Primary Pre-Election Annual Pre-Pre-Convention Pre-Pre-Primary Pre-Election Pre-Pre-Convention Pre-Primary Pre-Election Pre-Pre-Convention Pre-Pre-Primary Pre-Election Pre-Pre-Convention Pre-Primary Pre-Election Annual Pre-Pre-Convention Pre-Pre-Primary Pre-Election Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-		Check if thi	s is a new a	ddress			
7. Full Name of Candidate (include any nickname) 8. 8. Party Affiliation or if Independent Candidate N/A 9. Office Sought (include district number, if any. Not required for exploratory committee.) N/A TYPE OF REPORT 10. Convention Candidate N/A 11. Check one: Pre-Primary Pre-Election Annua Nomination Other Pre-Convention Pre-Convention Pres-Convention Pres-Conventi	5. City, State, ZIP Code Indianapolis, IN 46282			if applicable)			
7. Full Name of Candidate (include any nickname) 8. 8. Party Affiliation or if Independent Candidate N/A 9. Office Sought (include district number, if any. Not required for exploratory committee.) N/A TYPE OF REPORT 10. Convention Candidate N/A 11. Check one: Pre-Primary Pre-Election Annua Nomination Other Pre-Convention Pre-Convention Pres-Convention Pres-Conventi	CANDIDATE INFORMATION (For Candidate's	Committe	es Only)				
TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other FinalDisbands Committee (lines 18, 19, and 20 must be '07) Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: From: 1/01/2009 Through: 12/31/2009 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts Include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized COLUMN B Year to Date Ye	7. Full Name of Candidate (include any nickname)	8. Party	Affiliation o	r If Independe	nt Candidate		
TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Pre-Pre-Primary Pre-Election Pre-Pre-Primary Pre-Election Pre-Pre-Primary Pre-Election Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-	9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Resid	lence			
11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Pre-Convention Prest-Convention Prest-Convention	N/A	N/A					
Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention Post-Convention Pos	TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY		
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention				Check one:			
12. Reporting Period: From: 1/01/2009 Through: 12/31/2009 Through:	Pre-Primary Pre-Election Annual Nomination Other			_			
## Through: 12/31/2009 Thris Period Year to Date	Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	nt of Organization	n)	Post-Co	nvention		
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts Include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 20,000.00 20,000.00 15b. Unitemized -0- 15c. Add lines 15a and 15b in both columns SUBTOTAL 20,000.00 20,000.00 20,000.00 20,000.00 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 21,156.00 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized -0- 17c. Add lines 17a and 17b in both columns SUBTOTAL 21,132.00 21,132.00 21,132.00 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 24.00 24.00	•				COLUMN B		
1,156.00	From: 1/01/2009 Through: 12/31/2009		This	Period	Year to Date		
(Note: these amounts Include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Uniternized 15c. Add lines 15a and 15b in both columns 16. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 170	13. Cash on hand and investments at the beginning of this reporting period.		1,156	.00			
(Note: these amounts Include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 20,000.00 20,000.00 15b. Unitemized -0- -0- 15c. Add lines 15a and 15b in both columns SUBTOTAL 20,000.00 20,000.00 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 21,156.00 21,156.00 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 21,132.00 21,132.00 17b. Unitemized -0- -0- 17c. Add lines 17a and 17b in both columns SUBTOTAL 21,132.00 21,132.00 18. Cash on hand and investments at close of this reporting period (subfract 17c from 16 in both columns) TOTAL 24.00 24.00 19. Debts OWED BY the committee (use Schedule D)					1,156.00		
15a. Itemized (use Schedule A) 15b. Unitemized -00- 15c. Add lines 15a and 15b in both columns SUBTOTAL 20,000.00 20,000.00 20,000.00 20,000.00 20,000.00 20,000.00 20,000.00 20,000.00 21,156.00 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTOTAL 21,132.00 21,132.00 21,132.00 21,132.00 21,132.00 21,132.00 21,132.00 21,132.00 21,000 21,000.00							
15b. Uniternized	<u> </u>		22.22				
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(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 19. Debts OWED BY the committee (use Schedule D)		IOIAL	21,130	0.00	21,136.00		
17b. Unitemized -00- 17c. Add lines 17a and 17b in both columns SUBTOTAL 21,132.00 21,132.00 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 24.00 24.00 19. Debts OWED BY the committee (use Schedule D)							
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18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 24.00 24.00	17b. Unitemized						
19. Debts OWED BY the committee (use Schedule D)	17c. Add lines 17a and 17b in both columns	JBTOTAL	21,132	.00	21,132.00		
	18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	24	.00	24.00		
20. Debte ONED TO the committee (use Schodule E)	19. Debts OWED BY the committee (use Schedule D)						
20. Debis Ovved 10 tile continittee (use Schedule E)	20. Debts OWED TO the committee (use Schedule E)						
CERTIFICATION FOR OFFICE USE ONLY	CERTIFICATION				OR OFFICE USE ON V		

CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, O	CORRECT AND COMPLETE.
Signature of Treasurer geh Title	Date //12/10
Signature of Candidate (if applicable)	Date
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-6	

FOR OFFICE USE ONLY

JAN 1 3 2010

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FIL	E NUMBI	ΞR	
464	7		
Page1	of	2	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) TYPE OF EXPENDITURE and PURPOSE (be specific)		COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Mourdock P.O. Box 185 Inglefield, IN 47		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,000.00	1,000.00	1-1-09
Code C The Committee to Elect Bob Harper 304 West US Hwy 6 Valparaiso, IN 46	1	☑ Direct	1,000.00	1,000.00	2-27-09
Code C Indiana Republica State Central Com 47 South Meridian Street, Indianapolis, IN 46204	mittee	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2,500.00	2,500.00	5-08-09
Code C Indiana Democrati 1 Capitol Avenue Indianapolis, IN 46204	1	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2,500.00	2,500.00	6/12/09
Code C Hoosiers for Rice Mourdock P.O. Box 185 Inglefield, IN 4		□ X Direct	3,000.00	4,000.00	9-17-09
Code C Marion County Dem Party 603 E. Washington, Ste I Indianapolis, IN 46204		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,000.00	1,000.00	10-08-09
Code C Greater Indianap Republican Finan 120 E. Vermont Indianapolis, IN	e Committee	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,000.00	1,000.00	10-08-09
TOTAL OF ALL P	SUBTOTAL THIS PAR AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$12,000.0	(



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
	4647	,			
Page_	2	_of_2			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code C Friends of Indiana Hospitals One American Square, Ste 1900 Indianapolis, IN 46282	Payment of Debt Returned Contribution Other Purpose:	2,000.00	2,000.00	12/2/09
C Friends of Indiana Hospitals One American Square, Ste 1900 Indianapolis, IN 46282	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2,000.00	4,000.00	12/2/09
Code C Friends of Indiana Hospitals One American Square, Ste 1900 Indianapolis, IN 46282	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2,000.00	6,000.00	12/2/09
Code C Friends of Indiana Hospitals One American Square, Ste 1900 Indianapolis, IN 46282	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2,000.00	8,000.00	12/2/09
Code_C Friends of Indiana Hospitals One American Square, Ste 1900 Indianapolis, IN 46282	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,000.00	9,000.00	12/2/09
Code 0 National Bank of Indianapolis 107 N. Pennsylvania St. Suite 100 Indianapolis, IN 46204	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	132.00	132.00	various dates
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PACE TOTAL OF ALL PAGES OF SCHEDULE B ON THE	E LAST PAGE ONLY	\$9,132.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
	4647	
Page	1 1 of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Douglas M. Kinser	Contributions: A Direct	100.00	100.00	T. Kennedy
11751 Harvard Lane	In-Kind (describe)			9/17/09
Carmel, IN 46032				
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:		<u> </u>	
2. Timothy C. Lawson	Direct	100.00	100.00	T. Kennedy
6816 Royal Oakland Way	n-Kind (describe)			9/17/09
Indianapolis, IN 46236				
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	interest Loan Misc. (specify)			
	(Spanis)			
Contributor's Occupation (# required)	Contributions:			
5.	Direct			
	n-Kind (describe)			
	Other Receipts:	1		
	Interest Loan			1
	Misc. (specify)			
Contributor's Occupation (# required)				
	. THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULI	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 200.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, Interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
	4647				
Page_	1	of	2	*	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Hall, Render, Killian, Heath & Lym One American Square, Ste 2000 Box 82064 Indianapolis, IN 46282	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	1,000.00	1,000.00	2-27-09 T. Kennedy
2.	Hall, Render, Killian, Heath & Lym One American Square, Suite 2000 Box 82064 Indianapolis, IN 46282	Other Receipts: Interest Loan Misc. (specify)	2,500.00	3,500.00	5/08/09 T. Kennedy
3.	Hall, Render, Killian, Heath & Lyma One American Square, Suite 2000 Box 82064 Indianapolis, IN 46282	Contributions: IIX Direct In-Kind (describe) Other Recelpts: Interest Loan Misc. (specify)	2,500.00	6,000.00	6/19/09 T. Kennedy
4.	Hall, Render, Killian, Heath & Lyma One American Square, Suite 2000 Box 82064 Indianapolis, IN 46282	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	2,800.00	8,800.00	9/17/09
5.	Hall, Render, Killian, Heath & Lyma One American Square, Suite 2000 Box 82064 Indianapolis, IN 46282	Contributions: In-Kind (describe)	2,000.00	10,800.00	10/08/09 T. Kennedy
	TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 10,800.00 \$	_	
					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
	4647				
Page _	2	of _	2	•	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD	TEAR-TO-DATE	
Hall, Render, Kilian, Heath & Lyma	1 <u>—</u>	9,000.00	19,800.00	12/02/2009
One American Square, Suite 2000	In-Kind (describe)	J,000.00	15,000.00	12,02,200
Box 82064				
Indianapolis, IN 46282	Other Receipts:			T. Kennedy
indianapolio, in volo	☐ Interest ☐ Loan ☐ Misc. (specify)			
	I Iniso. (opcony)			
	0 17 17 -			<u> </u>
2.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
	La Iviiso. (specify)			
	Contributions:			
3.	Direct			
	in-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			
4.	Contributions:		 	
	Direct			
	in-Kind (describe)			
	Other Descipto			
	Other Receipts: Interest Loan			
	Misc. (specify)			
5.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:	•		
	interest Loan			
	Misc. (specify)			
SURTOTA	L THIS PAGE OF SCHEDULE A	\$9,000.00		
TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY	 		
(Enter total on IT	EM 15a of the Summary Sheet)	\$19,800.00		